

WDSRA Inclusion Intake Form



Participant Name: _____ Program Start Date: _____
Guardian Name: _____ Guardian Phone Number: _____
Guardian E-Mail Address (if needed): _____ Park District: _____
Primary Diagnosis/Challenge: _____ Secondary Challenge(s): _____

1. Can you tell me a little bit about the participant? _____

2. Communication Style: How does ___ communicate their wants or needs, in words, sign language, gestures, device?
Do they need a communication aid?

3. Learning Style: How does ___ learn a new skill or task best, with hand-over-hand, demonstration, verbal prompts,
Breaking down the directions into steps? How many step directions can they follow?

4. Social Preferences: Does the participant prefer to engage in activities on their own? with one person? in a group?

5. Medical Information: Is there any medical information we need to be aware of such as allergies, seizures, dietary
restrictions? _____

6. Sensitivities: Does the participant have any sensitivities to sound, touch, smells, textures?

7. Daily Living Skills: Is the participant able to eat, drink, toilet, dress and undress themselves independently? If not,
what assistance is needed?

8. Physical Skills: Is ___ able to run, jump, hop, skip independently? How about picking up small objects or coloring? (physically independent? partially mobile? needs adaptive equipment?) _____

9. Behavior: What makes the participant frustrated or upset? How do they act when they are upset? _____

10. What have you found that helps the participant calm down? Do they use any coping strategies? _____

11. Are there any activities/situations/topics of conversation that should be avoided?

12. Is the participant age appropriately aware of danger/dangerous situations? _____

13. What is the best way to assist the participant transition from a preferred activity to non-preferred activity?

14. Would the participant benefit from visual supports (first/then board, schedule, reward chart)? _____

15. Would the participant benefit from any sensory items (fidgets, chew items, weighted vest)? _____

16. To help staff build rapport, can you tell me what the participant is currently interested in and what they enjoy doing in their free time? _____

17. Is there any other information you would like to share that would help to make the participant's experience successful? _____